

**REQUEST FOR ASSIGNMENT WAIVER
FOR THE 2006-2007 SCHOOL YEAR**

Complete and submit this form if your school district is requesting to place a teacher(s), principal(s), assistant principal(s) or Educational Staff Associate(s) in an out-of-endorsement assignment that does not meet the requirements of WAC 181-82-105 – 181-82-130. Complete one form for each out-of-endorsement assignment, and return it to the Professional Educator Standards Board, PO Box 47236, Olympia, WA 98504-7236.

Name of Certificated Staff: _____ Certification Number: _____

Number of Years Experience in this district: _____

If a teacher, list endorsement(s) on teacher's Washington certificate: _____

Out-of-Endorsement Assignment:

Subject(s) and Grade Levels (if applicable): _____

Number of Out-of-Endorsement Periods/Hours Taught: _____

Does this teacher meet the "highly-qualified" requirements under the No Child Left Behind Act in this assignment? *[for PESB data purposes only]*

Yes _____ No _____ Don't know _____ Not applicable _____

Rationale for Waiver Request (WAC 181-82-135) [use additional pages as necessary]:

Plan of Assistance [use additional pages as necessary]:

We have determined this individual to be the most appropriate available certificated staff for the requested area(s) of out-of-endorsement assignment and further assure that necessary assistance will be provided for gaining the appropriate credential / pursuing an individual with appropriate credentials.

SCHOOL DISTRICT

PRESIDENT, DISTRICT BOARD OF DIRECTORS

DATE

DISTRICT SUPERINTENDENT OR DESIGNEE

DATE

PHONE NUMBER

PHONE NUMBER